## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼
	C C00569905
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee ADVANCED RESPONSE SYSTEMS	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  06 01 7 2015
Mailing Address 13175 GEORGE WEBER DRIVE	Amount
City State Zip Code	10000.00
ROGERS MN 55374-8900	Transaction ID : SE24.322 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE  Category/ Type 004	06 / 01 / Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought: House District:
DD DEN CARCON	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disk 2016	oursement For: X Primary General  Other (specify) ▶
Full Name of Payee ADZIG	Date of Public Distribution/Dissemination
Mailing Address 104B HOMESTEAD DRIVE	06
City State Zip Code	2930.73
FOREST VA 24551-4884	Transaction ID : SE24.421  Date of Disbursement or Obligation
Purpose of Expenditure FULFILLMENT ITEMS - POSTERS  Category/ Type  004	06 / 01 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
DR. BEN CARSON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Dist 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	12930.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF CHICATIZED INDEPENDENT EXPENDICULES	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	12 28 2015
Signature	